MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** I"AMENDMENT AFTER AS FILED AFTER 2 MAMENDMENT .I"AMENDMENT 2 MAMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>32</u> TOTAL IND TOTAL IND. T total dep TOTAL DEP TOTAL TOTAL CLAIMS

Best Available Copy

U.S. DEPARTMENT of COMMERCE

CLAIMS

PTO - 1360 (REV. 11/04)